

circumstances. With regard to pressure on the medulla, he had always understood that to be the cause, though it was difficult to make it out. As Dr. Permewan suggested, there might be something else in addition. He had not seen any resulting indentation of the medulla, but was much impressed by Dr. Turner's remark. With regard to the remarks made by Mr. Marriage, he thought one should proceed with the operation, otherwise the patient would die, whereas, if the operation were carried through rapidly, possibly the patient would recover. He believed that Sir William MacEwen, in his book, refers to a case in which artificial respiration was carried on for fourteen hours.

(To be continued.)

Abstracts.

FAUCES.

Logan, J. A. (Kansas City).—*Endothelioma of the Throat*. "Boston Med. and Surg. Journ.," January 10, 1907.

The growth affected one tonsil and appeared to be ameliorating under X-rays. The nature of the growth was proved by microscopic examination.
Macleod Yearsley.

PHARYNX.

Holmes, E. M. (Boston).—*Middle-ear Suppuration as an Etiological Factor in Retropharyngeal Abscess*. "Boston Med. and Surg. Journ.," January 10, 1907.

The author considers retropharyngeal abscess from middle-ear disease is rare. He advises a free incision in the pharyngeal wall, the index finger acting as a guide in curetting.
Macleod Yearsley.

NOSE AND ACCESSORY SINUSES.

Kubo, I. (Fukuoka, Japan).—*Contribution to the Histology of the Inferior Turbinate*. "Archiv für Laryngol.," vol. xix, Part I.

The microscopical specimens on which this paper is based were prepared from the body of a man aged about forty-five, after a species of "natural" injection of the nasal blood-vessels. A few hours after death the body was suspended in the inverted position, until the face had become deeply cyanosed. The internal jugular veins were then ligatured, and the head injected by way of the carotids with a 10 per cent. solution of formalin. Lastly, the entire head was placed for several days in 10 per cent. formalin, frequently changed. A piece of the middle portion of the left inferior turbinate was employed for the examination.

The specimens show externally the ciliated, cylindrical-celled epithelium, bounded internally by the membrana limitans. This is followed by the so-called "adenoid" or subepithelial layer. More internally is the